

Immunization State Supplied Vaccine (SSV) Program

Terms and Conditions

To participate in the Rhode Island Immunization State-Supplied Vaccine Program to receive state-supplied vaccine at no cost for insured and uninsured Rhode Island residents, I agree to the following conditions on behalf of myself and all the practitioners, nurses and others associated within the medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or health delivery facility of which I am the Medical Director/Lead Physician or my designee. My practice/facility and staff agree to:

General requirements for all practice types:

1. Enroll in the Immunization SSV Program annually. Enrollment is for a 12-month period (July 1-June 30) and must be completed by June 30th or a date designated by the Department of Health.
2. Administer all state-supplied vaccines to patients in eligible age cohorts as recommended by the Advisory Committee on Immunization Practices (ACIP) and in accordance with State vaccine policies. Comply with the appropriate and most current immunization schedules, dosages and contraindications that have been established by the ACIP-recommended immunization schedule, unless in my medical judgment, and in accordance with accepted medical practice, I deem such compliance to be medically inappropriate.
3. Keep a current copy of each of the following documents at the practice/facility for use, distribution and/or reference: It's federal law!, the most current Vaccine Information Statements (VIS's) for distribution to patients, the Vaccine Storage and Handling Checklist, the notice of Vaccine Adverse Event Reporting Form (VAERS) and notice of the Vaccine Injury Compensation Program (VICP).
4. Maintain an Immunization Record of each vaccine given to include the date administered, administration site, lot number, manufacturer, the publication date on the VIS, the date the VIS was given, and the signature of the person administering the vaccine.
5. Not use vaccines ordered for adults on any individuals less than 19 years of age, or use vaccines ordered for children on any individuals 19 years of age and older.
6. Comply with the requirements for ordering, vaccine accountability, and vaccine management. Agree to operate within the SSV program in a manner intended to avoid fraud and abuse.
7. Comply with the State's requirements for proper Vaccine Storage and Handling, which include, but are not limited to, SSV approved temperature monitoring equipment for proper refrigeration to document twice daily temperature checks and records of actions taken for temperatures outside the recommended range. Twice daily temperature checks are not required if a HEALTH-approved 24/7 alarm monitoring service is installed.
8. Not impose a charge to patients for the cost of any state-supplied vaccine.

9. Ensure that the individual(s) designated as the "Vaccine Contact" (and back-up) complete the Vaccine Storage and Handling Training Certification online at: www2.edserv.musc.edu/tide/storage/index.lasso. Keep the certification confirmation on file.
10. Ensure a Vaccine Disaster Recovery Plan is completed, posted, and read by current and new staff and updated as staff changes.
11. Comply with the State of Rhode Island's Financial Restitution Policy for wasted and/or spoiled vaccine due to negligence, including but not limited to, failure to properly order, store and handle state-supplied vaccines.
12. Acknowledge that any future program enrollments will be denied until all outstanding financial obligations from the previous year(s) are paid in full to HEALTH.
13. Accommodate any state request for a scheduled on-site inspection of patient vaccine records, vaccine inventory and/or storage facilities within 60 days of the initial request.
14. Attend training/informational/technical assistance sessions as required by HEALTH.
15. Any changes to the practice/facility name or lead physician, address, phone or fax number, office manager, vaccine contact, or delivery information must be made via the SSV enrollment website.

Specific requirements for all practice types vaccinating individuals <19 years of age:

1. Have a current agreement to participate in the Federal Vaccines for Children (VFC) program and that all requirements of that agreement are also applicable to state-supplied vaccines.
2. Administer all state-supplied vaccines to patients (birth up to 19 years of age) in eligible age cohorts as recommended by the Advisory Committee on Immunization Practices (ACIP) and in accordance with State vaccine policies. Note: if the first dose of a multi-dose vaccine series is administered before 19 years of age, the series must be completed before the 20th birthday.
3. Submit demographic and immunization data for new patients to KIDSNET at the Practice's first encounter, provide the parents with KIDSNET information provided by HEALTH, and promptly notify KIDSNET of any children that have transferred or left the practice.
4. Provide accurate and complete data on immunizations administered to children <19 years of age to KIDSNET, within one week of vaccine administration.
5. Update demographic and other data as necessary for KIDSNET enrollees.
6. Provide historical immunization data to KIDSNET for children born on or after 1/1/97 who are new to the practice.
7. Inform all staff who use KIDSNET of their legal responsibilities under the State's Confidentiality of Health Care Information Act (Gen. Law 5-37.3) and all other applicable federal and state laws relating to confidentiality of this information.

8. Provide to the custodial parents, legal guardian(s), and those legally authorized to care for a child (i.e. foster parents), access to the information contained in KIDSNET including printed copies upon request at no cost to the family.
9. Utilize KIDSNET only for the purpose of obtaining information needed for treating or coordinating care for their patients. Any use of this information by either the Provider or staff for purposes other than those specifically stated in this document is considered to be a violation of the provisions of General Law 5-37.3 and subject to the penalties contained therein.
10. Maintain a signed KIDSNET confidentiality statement or equivalent confidentiality agreement for each user authorized to use KIDSNET under their Provider ID. Provide KIDSNET staff with access to the signed confidentiality statements in the Provider's office for audit purposes.
11. Access KIDSNET only at computers that do not have general public access and assure that login-ins and passwords are not shared.
12. Authorize HEALTH to share KIDSNET data with Managed Care Organizations provided data is not publicly released identifying the Provider without the Provider's consent. Further authorize the release of KIDSNET data as permitted by law.
13. Take prudent precautions to assure that all KIDSNET users abide by this agreement and enforce the terms of this agreement.
14. Report any breach in confidentiality related to the use of KIDSNET.
15. Agree to report any change in the KIDSNET/SSV Administrator. A new agreement must be signed for a change in the KIDSNET/SSV administrator.

This agreement is binding and will remain in effect until: (1) HEALTH terminates this agreement, at any time, for failure to comply with the program requirements (2) the practice terminates this agreement for reasons determined by the Medical Director of the practice or (3) there is a change of the Medical Director (Lead Physician) and/or entity name, or failure to renew annual enrollment.

By agreeing to these terms and conditions, you are communicating your willingness to participate in, and abide by, the requirements of the Rhode Island Immunization State-Supplied Vaccine Program.